

Wisconsin Department of Safety and Professional Services

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Website: <http://dsps.wi.gov>

DIETITIANS AFFILIATED CREDENTIALING BOARD REQUEST FOR A TEMPORARY DIETITIAN CERTIFICATE

AFFIDAVIT OF APPLICANT:

Last Name

First Name

MI

Former / Maiden Name(s)

I hereby make application for a temporary certificate to practice as a Dietitian. I understand that this temporary certificate entitles me to practice dietetics for a period not to exceed 9-months and may be renewed only once by the Board.

Applicant Signature

Date

AFFIDAVIT OF SUPERVISING DIETITIAN:

I request that a temporary certificate to practice as a Dietitian in the State of Wisconsin be issued to the above named applicant. I am aware that a temporary certificate to practice as a Dietitian under supervision granted under Wis. Admin. Code § DI 2.04 shall expire on the date the applicant is notified that he or she has failed any of the required examinations for a regular certificate to practice as a Dietitian.

A temporary certificate is valid for a period of 9-months and may be renewed only once by the Board.

Requested Effective Date of Temporary Certificate:

Supervisor's Name:

Supervisor's WI Dietician Certificate #:

- (29)

Place of Employment:

Employment Address: (street, city, state)

Signature of Supervisor

Date

APPLICATION FEES: Please check applicable box. Make check payable to DSPPS and attach to this application.

☐ **Request for a Temporary Certificate**
\$10.00 (is required and is non-refundable)

For Receipting Use Only (29)